PTO/8B/06 (12-04)

Approved for use through 7/81/2008, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 773479 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Calumn 2) FOR MUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) (07 CFR 1.16(a), (b), or (c)) SEARCH FEE (87 CFR 1.1600, (f), or (m)) EXAMINATION FEE (87 CFR 1.16(0), (p), or (q)) TOTAL CLAUMS • (37 CFR 1.160)) minus 20 o OR INDEPENDENT CLAIMS minus 3 = x = (37 CFR 1.16(h)) x · = If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) * If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR 00 (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) RATE (\$) ADD1 PREVIOUSLY EXTRA AFTER TIONAL A TIONAL AMENDMENT PAID FOR AMENDMENT FEE (\$) FEE (\$) Total profit 1.16 48 40 OR Minus professional profe 7 OR Application Size Fee (37 CFR 1.16(s)) . FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) OR TOTAL TOTAL ADD'L FEE ΟŔ ADD'L FEE (Column 1) (Cotumn 2) (Column 3) CLÁMS REMAINING HIGHEST PRESENT RATE (\$) NUMBER ADDI RATE (\$) PREVIOUSLY EXTRA TIONAL AFTER TIONAL ENDMENT AMENDME PAID FOR FEE (\$) FEE (\$) Total profit Liego Minus OR . Minus Independent Q7 OFR 1.18(N) . OR Application Size Fee (37 CFR 1.18(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR (.10(1) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.